

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b> 10/763,974 <b>Filing Date</b> January 22, 2004 <b>First Named Inventor</b> Hassan PAJOUHESH <b>Art Unit</b> 1626 <b>Examiner Name</b> J. R. Kosack <b>Attorney Docket Number</b> 381092001600
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**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 25225

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

#### Certifications

*Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.*

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.  Inventor or  
Assignee Name Neuromed Pharmaceuticals, Ltd.

Address Suite 301-2389 Health Sciences Mail, UBC

City	Vancouver	State	BC	Zip	V6T 1Z4	Country	Canada
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Telephone	604-822-1735	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Kate H. Murashige/
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Name	Kate H. Murashige	Registration No.	29,959
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Address Morrison & Foerster LLP  
12531 High Bluff Drive, Suite 100

City	San Diego	State	CA	Zip	92130-2040	Country	US
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Date	August 30, 2010	Telephone No.	(858) 720-5112
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**NOTE: Withdrawal is effective when approved rather than when received.**